MAXIMUS Federal Services

Case Number:	CM14-0079336		
Date Assigned:	07/18/2014	Date of Injury:	06/02/2006
Decision Date:	09/24/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old female injured on 06/02/06 due to slip and fall while descending stairs landing on both knees and hands resulting in pain in bilateral hands, wrists, and knees, low back, neck, and headaches. Diagnoses included mild right knee osteoarthritis/meniscus tear, chronic lumbosacral spine musculoligamentous strain, status post right carpal tunnel release, trigger finger release in 2012, bilateral De Quervain tenosynovitis, first carpometacarpal joint synovitis, status post right shoulder arthroscopic surgery in 2012, left shoulder impingement, chronic cervicothoracic musculoligamentous strain, status post left knee arthroscopic surgery in 2009, and morbid obesity. Agreed medical evaluation dated 05/14/14 indicated the injured worker presented complaining of bilateral hand and wrist numbness and tingling, bilateral shoulder pain, bilateral knee pain, neck pain, low back pain without radiation, and headaches. Clinical note dated 05/29/14 indicated the injured worker presented depressed due to lack of care and denial of Lindora program. The injured worker also complained of bilateral wrist/hand pain. Request for authorization for consultation of right knee, hand, and upper extremities, and psychiatric complaints submitted. Additionally, request for pool therapy, and weight loss program submitted. Medication prescriptions for Norco, Prilosec, and AppTrim provided. Initial request for Cyclobenzaprine 2 percent, Flurbiprofen 20 percent 240 gram body part right wrist was noncertified on 05/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

240GM CYCLOBENZPRINE 2%, FLURBIPROFEN 20% BODY PART: RT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, California Medical Treatment Utilization Schedule (MTUS), Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration, initiation, ongoing use, or efficacy of this medication substantiating its medical necessity. Therefore this request cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines. The request is not medically necessary and appropriate.